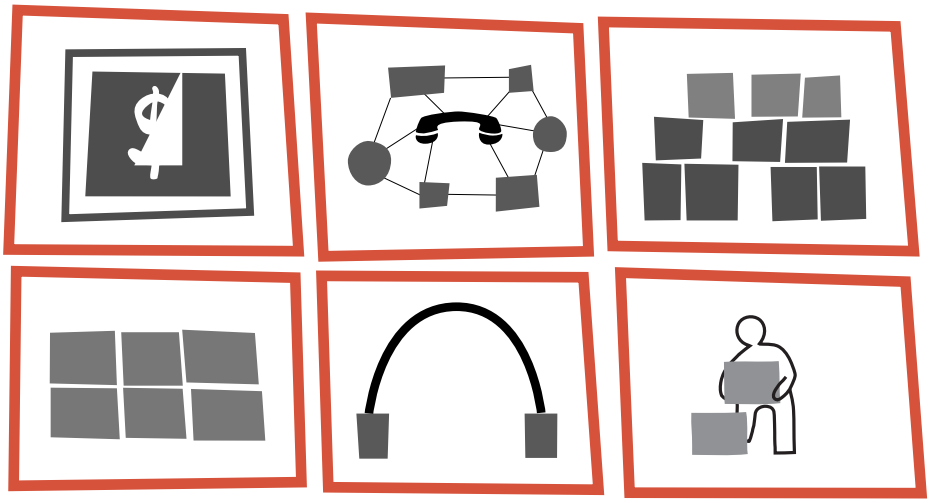
A REPORT OF THE PACIFIC CENTER ON HEALTH AND TOBACCO

COMPREHENSIVE STATEWIDE TOBACCO CESSATION



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Comprehensive Statewide Tobacco Cessation

November 2003

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Pacific Center on Health and Tobacco
Comprehensive Statewide Tobacco Cessation

OVERVIEW

The Pacific Center on Health and Tobacco (PCHT), in an effort to help states establish comprehensive, evidence-based* statewide tobacco cessation programs, has designed resources and tools to help guide the implementation process. As agencies, organizations, business leaders, tobacco control advocates and other partners identify opportunities to work on cessation issues, the goal remains constant: to establish a sustainable, statewide network of accessible and affordable services to help tobacco users quit and stay quit.

In an ideal, comprehensive approach, tobacco cessation quitlines would serve as hubs in the network, coordinating services and information. Financing for the necessary counseling and medications would be readily available through a variety of public and private health care benefits and organizations offering community services. And, available services would be widely promoted through media campaigns, grassroots organizations, and public/private partnerships to reach tobacco users who need them. The success of a comprehensive approach depends on the organizational and financial partnership of those in business, health care, government, and the larger community.

Tobacco tax increases, smoking restrictions in public places, and media campaigns that establish nonsmoking as the social norm have been successful in reducing tobacco's toll. Fewer young people have started smoking, many tobacco users have cut back, and thousands of smokers have quit. Overall quitting rates, however, remain relatively low. One recent national survey shows that 41 percent of smokers try to quit smoking each year, but only about 10 percent succeed, resulting in an overall cessation rate of 4.7 percent per year.[1]

A significant obstacle to quitting is that most smokers lack access to affordable help. Funding to support cessation services is inadequate, limited primarily to publicly funded quitlines and some public and privately sponsored health benefits. Surveys show that quitlines currently serve only one to two percent of tobacco users, due primarily to funding constraints.[2] Employee health benefits providing adequate coverage of tobacco treatment services are available to only about 20 percent of tobacco users.[3] And, while thirty-six state Medicaid programs provide some coverage, only one state provides complete coverage.[4]

Economically disadvantaged tobacco users—the majority of smokers—suffer the most as a result of the lack of cessation resources.[5] Yet new tobacco taxes, a significant portion of which is collected from economically disadvantaged tobacco users, rarely support affordable treatment to help those unable to quit on their own.

A comprehensive, collaborative solution can address the need for affordable tobacco cessation services and the lack of resources to support them. When tobacco users and their families and friends work with representatives of business, health care, public health, and the larger community to increase access to cessation services, everyone wins. Tobacco users get the help they need to quit, enjoying healthier lives with families and friends; businesses benefit by having a healthier, more productive workforce; and health care costs decline for individual health plans and health care consumers.

State managers and administrators of tobacco control programs, businesses, voluntary organizations, health care systems, state agencies, and others can use this PCHT document to guide collaborative efforts to build a comprehensive tobacco cessation program. The resources and tools available from the PCHT support the pieces that,when assembled together, can achieve a network of sustainable, statewide cessation services.

*Evidence-based recommendations for cessation services and systems are contained in four key documents: 1) *Clinical Practice Guidelines: Treating Tobacco Use and Dependence*, developed by the Public Health Service through the Agency for Healthcare Quality and Research;[7] 2) *Best Practices for Comprehensive Tobacco Control Programs* by the CDC;[6] 3) The *Guide to Community Preventive Services*, by the Preventive Services Task Force,[8] and 4) A prioritized list of approximately 50 preventive services, published by Coffield et al in the *American Journal of Preventive Medicine*.[9]

COMPREHENSIVE APPROACH

Vision

Effectively helping smokers quit and stay quit requires two critical components: a non-smoking norm in the social environment and a coordinated approach to health services that provides all tobacco users with easy access to effective treatment. To be successful, efforts to expand access to effective treatment need to be closely integrated into a state's overall tobacco control program, combined with other effective strategies, including price increases, media campaigns, and restrictions on second-hand smoke, and widely promoted.

Development

Nationally, two primary recommendations for expanding tobacco cessation services have emerged: (1) statewide, evidence-based quitlines and (2) applying evidence-based clinical practice guidelines within health care systems.[6] Organizations within states are now combining these approaches to develop innovative options for comprehensive statewide tobacco cessation program with four interrelated parts:

- **Evidence-based, state-funded quitlines.** Quitlines play a central role in a comprehensive system. They can effectively help people stop using tobacco through direct telephone counseling and coordinating use of stop smoking medications, they are easily accessible and convenient for users, and can provide economies of scale that can make services affordable. Quitlines can centrally manage information and services that link with health care and community resources and can provide consistent quality of services. Quitlines are staffed by trained counselors that are capable of tailoring services to multiple audiences in a variety of languages. The PCHT report: *Linking Network: Integrate Quitlines with Health Systems* along with the CDC Quitline Resource Guide provide details about this aspect of comprehensive programs.

- **Cessation services in conjunction with delivery of healthcare services.** Establishing a health care delivery system in which health professionals consistently advise tobacco users to quit and assist them in the effort is one of the evidence-based clinical approaches. Health care delivery systems all have some capacity to improve tobacco cessation services by including as part of routine clinic visits. Questions about tobacco use can become part of the measurement of vital signs, with answers documented in health charts. Advice to quit can be provided, and noted. For tobacco users who want to quit, recommendations about medications and referral to services that are offered by the health care delivery system, community-based programs, or a quitline, can be made. Delivery of tobacco cessation services can be recognized through standard diagnostic and billing codes, and thereby reimbursed and included in health information systems. Delivery of cessation services can also be tracked and used as key indicators that measure and reward clinical quality improvement. The PCHT report: *Building a Financial Infrastructure: Health Plan Benefits and Provider Reimbursement* provides details about organizing cessation services through health systems.

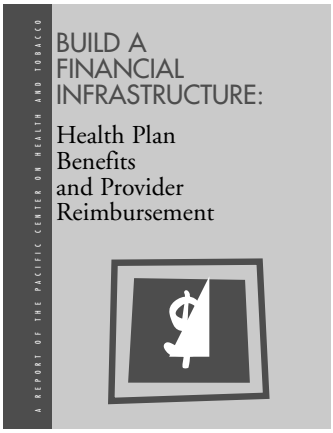
- **Benefit coverage through employers, public insurance programs and other health care purchasers.**
  Tobacco users need access to affordable services. This can be most efficiently achieved through the private and public payers of health care services. These include employer-provided health insurance (public and private) as well benefits and services through state and federal programs, including Medicaid, Medicare, Indian Health Service, Federally Qualified Health Centers, Veteran's Administration, Department of Defense, Bureau of Prisons, state WIC programs, Children's Health Service, and other state programs. A comprehensive approach builds partnerships with employers and other health care purchasers and demonstrates how effective tobacco cessation is as an investment in a healthy, productive workforce. The PCHT report *Building a Financial Infrastructure: Health Plan Benefits and Provider Reimbursement* provides more details regarding this aspect of comprehensive programs.

- **Community development and tailored population based approaches to reach disparate populations.**
  Half of tobacco users are economically disadvantaged. Many face enormous hurdles, including cultural biases along with language, geographic and financial barriers, in receiving health services. Mainstream health care delivery systems are unlikely to reach disparate populations without special efforts to apply creative community development solutions. The health care safety net clinics, including the Community Health Centers, are natural community partners for reaching these populations. New resources and creative partner ships are needed to help bring services into this under-funded system. One population-based approach for reaching multicultural populations is through multi-service quitlines offering tailored services in multiple languages. The PCHT report on *Bridging Gaps: Outreach to Diverse Populations* provides more specific details about reaching disparate populations.

Diagram of the Comprehensive Approach

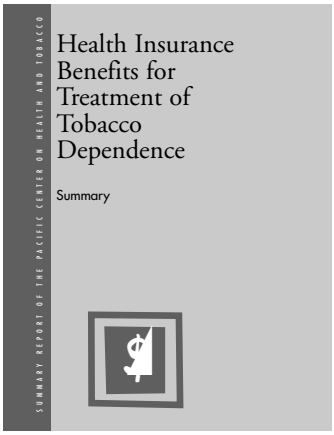
REPORTS AND RESOURCES

The work of developing a comprehensive statewide tobacco cessation program is complex. To help understand and implement each part, the PCHT has developed the following resources, available on our website at **www.paccenter.org**. While we hope each individual resource provides valuable information, the goal is to demonstrate how a comprehensive tobacco cessation program, requiring multiple strategies with many partners, can work. These PCHT resources also complement the *National Adult Blueprint for Tobacco Cessation*.[10]



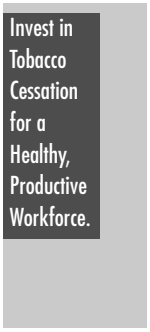
BUILD A FINANCIAL INFRASTRUCTURE: HEALTH PLAN BENEFITS AND PROVIDER REIMBURSEMENT.

This report contains the evidence-base and practical recommendations for purchasers, health plans and providers to set up and fund tobacco cessation services.



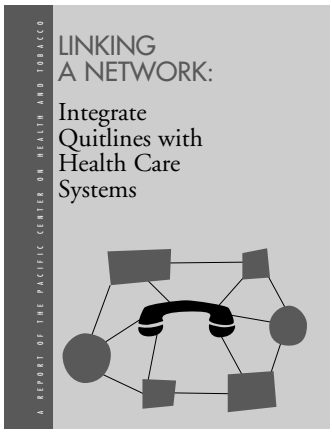
HEALTH INSURANCE BENEFITS FOR TREATMENT OF TOBACCO DEPENDENCE.

At-a-glance summary from the "Build a Financial Infrastructure." This summary helps guide discussions with employers and purchasers.



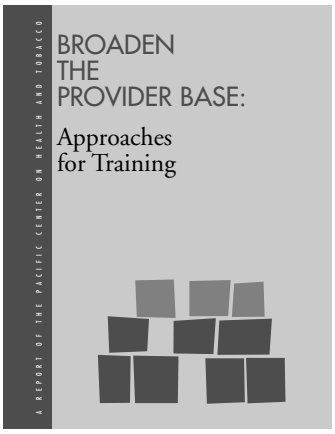
INVEST IN TOBACCO CESSATION FOR A HEALTHY, PRODUCTIVE WORKFORCE.

A brief summary for employers outlining the business case for tobacco cessation benefits.



LINKING A NETWORK: INTEGRATE QUITLINES WITH HEALTH CARE SYSTEMS.

This report describes the rationale and case studies for linking quitlines and health care delivery systems together.



BROADEN THE PROVIDER BASE: APPROACHES FOR TRAINING.

This report describes the benefits and approaches to provider and specialist training and discusses the pros and cons of certification. (Available in 2004)

Coming up:
BRIDGING GAPS: OUTREACH TO DIVERSE POPULATIONS

Pacific Center on Health and Tobacco

PCHT Website:
www.paccenter.org

IMPLEMENTING A COMPREHENSIVE PROGRAM

There are two general and complementary strategies for implementing a comprehensive, statewide tobacco cessation program: developing the infrastructure to deliver services and conducting outreach campaigns to influence health policy changes. Both strategies share the primary goal of making tobacco dependence treatment a higher priority among policy makers and funders, within health care, and among tobacco users. This goal is especially important when initiating policy changes that increase taxes and restrict smoking in public places in order to make sure tobacco users, who are most affected by these policy changes, are helped to quit. The failure of state legislatures to direct some of the new revenue from a tobacco tax increase to help tobacco users illustrates this issue. By using all the tax revenue for other state programs, efforts to redirect funds for programs to help tobacco users quit could be seen as a problem leading to state budget deficits. Efforts to make tobacco dependence treatment a high priority can help resolve this potential conflict.

Strategies

Developing the infrastructure needed to deliver and finance treatment services includes:

- Developing a network that links and promotes a variety of affordable services through quitlines, health care systems, and community programs, including services that reach disparate populations.
- Developing partnerships that lead to increasing access to services through better coordination, promotion, and through organizational changes in health care systems.

Conducting outreach campaigns to influence public opinion and health care policy changes related to the provision of cessation services includes:

- Designing communication strategies to influence changes in social norms around seeking and using treatment services.
- Promoting health care policy changes that will help pay for services through a variety of covered benefits, including services that reach disparate populations.

An assessment of the tobacco control environment in the state will help determine where to begin. The assessment needs to gather information concerning services already being provided (including quitline services), who receives these services, how they are funded, where gaps in services exist, what partners are most supportive, and the potential for increasing funding.

Working Groups

The first step in developing a comprehensive statewide cessation program is to bring together a working group. The purpose of the working group is to provide leadership, coordination, and direction. Working groups require dedicated staff time and a close working relationship with the state tobacco control program and advocacy coalition. The working group needs to develop additional partnerships that align with the strategic goals of the comprehensive program. In some cases, these additional partners may become regular members of the working group (e.g. representatives from the Medicaid program). Other partners (e.g. businesses, unions) will limit their participation to projects that are most relevant for their organization. Frequently, working group staff members will need to become members or consultants to other, related working groups that have tobacco cessation benefits as only one of their priorities (e.g. health care purchasing coali-

tions). Often, several overlapping working groups emerge each focusing on a specialized area of the overall program with the dedicated staff members serving as coordinators. Because health services are funded privately (e.g. employers), from state resources (e.g. state government and state employees), and federally (e.g. federally qualified health centers), partnerships will eventually need to be developed at each of these three levels. A list of potential partners and their respective roles and responsibilities is presented on page 9.

In California, the Next Generation California Tobacco Control Alliance is working to increase coverage of tobacco cessation benefits in commercial health insurance. To help accomplish this goal, the Alliance formed a state-level working group of representatives from health plans, health care provider associations, medical groups, businesses, academia, and community-based organizations. The Managed Care Working Group has developed and agreed on a common cessation benefit to propose for statewide adoption, completed an actuarial survey to determine the health plans' cost of adding this benefit, and are working on policy strategies to encourage insurance companies to adopt this benefit. From the outset, the Alliance sought to include representatives from all the key stakeholders and to develop common goals. As a result, this working group has successfully collaborated for over four years.

In Oregon the Health Systems Task Force (HSTF) of the Tobacco-Free Coalition of Oregon is working to develop strategies to promote implementation of the PHS Guideline in health care delivery. This working group includes representatives from health plans, the state tobacco control program and the quitline, tobacco cessation researchers and representatives from community programs and has been meeting for over five years. The HSTF working group developed an early partnership with the Medicaid program, helping to provide technical advice and support to the Medicaid Project:Prevention working group for implementation in 1998 of evidence-based tobacco cessation benefits in the Medicaid program.

Strategic Directions

An early task of the working group is to decide on the initial strategic direction that is most suited to the resources and environment of the state. Where the working group begins will depend on the circumstances in that state, including the resources, political and economic environment, funding priorities, and needs and leadership potential of partners.
For example:

- If quitline services are not available, a strategic decision could be to bring together an advisory group to gather information and make recommendations about developing quitline services.
- If there is already a quitline and a variety of services offered in the state, a strategic decision could be to develop a strong service delivery infrastructure beginning with linking and coordinating these existing services.
- If there are few services available, a strategic decision could be to begin a communications outreach project to help promote the importance of making tobacco cessation services more widely available. Or, if there is already a solid service delivery infrastructure in place but little insurance coverage, a strategic decision could be a targeted communications project appealing directly to purchasers and consumers of health care.
- If some health insurers cover cessation services but other insurers are reluctant to add them, a strategic decision could be to develop policy strategies aimed at increasing incentives for health insurers to cover cessation services.

Example Project Goals For Each Strategic Direction

Goals for developing treatment infrastructure

- Establish and support quitlines.
  Quitlines provide the essential economies of scale to the cessation delivery infrastructure. They are effective, readily accessible, and can be easily promoted to a wide audience. Quitlines often function to both screen and direct large numbers of callers to services. Because of this, quitlines can serve as a centralized resource for cessation services, providing opportunities for standardization and quality assurance. See the CDC *Quitline Resource Guide* for details.

- Link quitlines with health care systems and services, all types of providers, and community services.
  The most common types of projects for linking quitlines with health services involve referral systems that allow health professionals to refer patients or clients to quitlines and include procedures for feedback. See the

PCHT report *Linking a Network: Integrate Quitlines with Health Systems* for details.

- Make treatment services more widely available through health care systems by:
  - Promoting use of available cessation services to covered members through newsletters, in-clinic promotions, and partnerships with quitlines.
  - Promoting provider referral/quitline systems.
  - Making brief interventions part of routine health care (e.g. "smoking as a vital sign" projects).
  - Improving available services by translating into multiple languages, tailoring services to populations (e.g. pregnant women), customized promotion to special and multicultural populations to announce their availability, and updating programs based on new research.
  - Training providers in effective cessation intervention and referral skills.

An example of a project that has increased the state's tobacco treatment infrastructure using a comprehensive approach is the state of Arizona. Through Arizona's Tobacco Education and Prevention Program (TEPP), a variety of treatment resources have been developed. The Arizona Smoker's Helpline offers cessation services to all Arizona residents. Multi-session telephone counseling or referral to multi-session community programs staffed by TEPP trained counselors are both available to interested callers. Vouchers for discounts on nicotine replacement are sent to callers who enroll in either the multi-session telephone or community program. The vouchers can be redeemed at any pharmacy, once verified against a database of everyone enrolled in either of the multi-session programs. TEPP also supports the HealthCare Partnership Continuing Education and Training Unit. The Unit collaborates with county health departments, health care providers and institutions, and health insurance companies on a Helpline fax referral system and cessation training program. Together, the Helpline and HealthCare Partnership team teaches providers skills for delivering brief cessation interventions and using the fax referral system to send tobacco users to the Helpline for assistance.

- Make treatment services available to the uninsured and others who have difficulty accessing health care.
  This may include people of color, non-English speakers, those who identify as gay, lesbian, bisexual or transgendered, and young people. Some examples include projects linking cessation programs for pregnant women with existing pre-natal services, projects that collaborate with families through programs like WIC; and creating language-specific cessation programs, especially Spanish.

Project goals for influencing health care policies and public opinion

- Make cessation services part of the health care delivery system.
  To accomplish this goal, champions within health systems will need to lead internal projects to:
  - Design new benefits making tobacco dependence treatment part of the standard benefit (rather than an option) that insurers offer customers.
  - Include tobacco dependence treatment in the coding and billing structure and reimbursement for these visits.
  - Include tobacco dependence treatment outcomes in the monitoring and quality improvement process of health systems.

- Promote policies with purchasers of health care benefits to include cessation benefits in their contracts with insurers.
  These strategies include:
  - Surveys and reporting results to the business community showing the availability and lack of benefits coverage.
  - Assisting champions in business and health care (e.g. health care purchasing coalitions, representatives from human resource departments in large businesses, insurance brokers and consultants, union representatives) to present a strong business case for purchasing benefits to decision makers.
  - Direct outreach to human resource managers in selected businesses to promote including cessation services in benefits packages.

- Communication strategies to promote social norm change for both seeking and providing treatment services.

  This includes:
  - Media advocacy campaigns that focus attention on the problems created by lack of benefit coverage and the positive results from use of effective treatments.
  - Grassroots campaigns that let employers and insurers know that treatment services are in demand (e.g. postcard campaigns).
  - Paid media campaigns that promote use of treatment services including quitlines.

- Advocating for including tobacco dependence treatment in health care policies that direct government funding reaching the uninsured and other priority populations.

An effective example of how infrastructure development and policy change strategies have come together has been within state Medicaid programs. In 2001, thirty-six states included cessation medications in the benefits for Medicaid recipients (16 required some form of co-payment), ten included counseling (one state offered counseling for pregnant women only and one state provided counseling but no medication coverage), and one state provided comprehensive coverage.[4] Since Medicaid recipients typically have higher tobacco-use rates, this strategy reaches many smokers and helps build a statewide cessation infrastructure. Covering Medicaid recipients for tobacco cessation is recommended in the *National Blueprint for Tobacco Cessation*. Efforts are also underway at the federal level to require that cessation services be included in federally funded programs (e.g. Medicare). Contract specifications for cessation services in Medicaid programs can be found at www.gwhealthpolicy.org/newsps/tobacco

PROPOSED PARTNERSHIP ROLES AND RESPONSIBILITIES

State-funded tobacco control programs

- Fund and promote quitlines.
- Provide services for uninsured.
- Offer provider training and community outreach.
- Monitor and evaluate progress.
- Coordinate initiatives between partners.
- Promote social norm change.

Health Plans and Health Care Systems

Establish system-wide policies that include:

- Treatment of tobacco dependence as routine part of health care delivery using the Public Health Service Guideline's best practices, "5A's" (Ask, Advise, Assess, Assist, Arrange).
- Integrating treatment of tobacco dependence in chronic disease management.
- Training and reimbursement of providers.
- Financial support of and referral to quitlines and other counseling resources.
- Incorporating cessation services into case management initiatives (e.g. chronic disease).
- Monitoring the provision of services and change over time through implementation of coding (305.1) and developing administrative databases (e.g. pharmacy data).

Health insurers, employers, and purchasers establish policies that:

- Include tobacco cessation in benefits packages (medications and counseling) and promotion of benefits with purchasers (government and private), brokers, unions, and purchasing coalitions.

Public employers and purchasers establish policies that:

- Provide and promote cessation benefits for Medicaid, state employees, and services covered through the Women, Infants, and Children (WIC) program, Children's Health Services and other state programs.
- Provide and promote cessation benefits for federal employees, Medicare, Department of Defense, and other federally funded health services, including Indian Health Services, Community Health Centers, Veteran's Administration, and the Bureau of Prisons.
- Negotiate cessation benefits as part of union contracts.

Private employers and purchasers:

- Provide and promote cessation benefits for employees of private companies through insurance contracts, self-insurance, and worksite programs.
- Work with brokers, consultants, and purchasing coalitions to negotiate cessation services in benefits contracts.
- Negotiate cessation benefits as part of union contracts.

Health Care Providers (e.g. physicians, nurses, dentists, pharmacists)

- Participate in training.
- Promote the "5A's" and referrals as part of clinic systems.
- Refer to quitlines and other available counseling resources.
- Use reminder systems.
- Code encounters to create centralized data base.

Community and state agencies (e.g. ACS, ALA, AHA, schools, substance abuse treatment and prevention centers, Department of Corrections, maternal and child health) will:

- Reach out to communities to improve the public's understanding about cessation.
- Provide and promote use of cessation services.

Tobacco users

- Use services (e.g. quitlines).
- Advocate for employers to cover services.
- Advocate for insurers to provide services and benefits.

Family, friends, advocates, and other supporters of tobacco users

- Develop and implement strategies for policy changes and funding.
- Promote social norm change.
- Refer for services.
- Advocate for employers to cover services.
- Advocate for insurers to provide services and benefits.

Researchers

- Provide and expand the evidence base.
- Support science-based communication messages.
- Evaluate progress.

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Pacific Center on Health and Tobacco

The PCHT is a regional working group of representatives from health departments, health plans, state advocacy coalitions, research and business groups from five western states - California, Oregon, Washington, Arizona, and Hawaii. The group, formed in 1999, brings together members to develop strategies for statewide tobacco cessation programs. The mission is to promote widespread adoption of evidence-based methods for improving the availability and accessibility of tobacco cessation services within membership states and to share our learning with other organizations and states. Funding for the PCHT comes from the Robert Wood Johnson Foundation. www.paccenter.org

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